617 4TH ST

| REEDSBURG 53959 Phone: (608) 524-3664         | Į           | Ownershi p:                         | Indi vi dual |
|---|-------------|-------------------------------------|--------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365         | Hi ghest Level Li cense:            | Intermediate |
| Operate in Conjunction with Hospital?         | No          | Operate in Conjunction with CBRF?   | No           |
| Number of Beds Set Up and Staffed (12/31/01): | 10          | Title 18 (Medicare) Certified?      | No           |
| Total Licensed Bed Capacity (12/31/01):       | 12          | Title 19 (Medicaid) Certified?      | No           |
| Number of Residents on 12/31/01:              | 9           | Average Daily Census:               | 8            |
| *****************                             | *********** | :********************************** | ***********  |

| Services Provided to Non-Residents |      | Age, Sex, and Primary Diagn | osis of      | Residents (12/3 | 1/01)   | Length of Stay (12/31/01) | %        |
|------------------------------------|------|-----------------------------|--------------|-----------------|---------|---------------------------|----------|
| Home Health Care                   | No   | Primary Diagnosis           | %            | Age Groups      | %       | Less Than 1 Year          | 44. 4    |
| Supp. Home Care-Personal Care      | No   |                             |              |                 | ]       | 1 - 4 Years               | 44. 4    |
| Supp. Home Care-Household Services | No   | Developmental Disabilities  | 0. 0         | Under 65        | 0.0     | More Than 4 Years         | 11. 1    |
| Day Services                       | No   | Mental Illness (Org./Psy)   | 11. 1        | 65 - 74         | 11. 1   |                           |          |
| Respite Care                       | No   | Mental Illness (Other)      | 0.0          | 75 - 84         | 11. 1   |                           | 100. 0   |
| Adult Day Care                     | No   | Alcohol & Other Drug Abuse  | 0. 0         | 85 - 94         | 66. 7   | *********                 | *****    |
| Adult Day Health Care              | No   | Para-, Quadra-, Hemi plegic | 0.0          | 95 & 0ver       | 11. 1   | Full-Time Equivalen       | t        |
| Congregate Meals                   | No   | Cancer                      | 0.0          | İ               | ĺ       | Nursing Staff per 100 Res | si dents |
| Home Delivered Meals               | No   | Fractures                   | 0.0          |                 | 100.0   | (12/31/01)                |          |
| Other Meals                        | No   | Cardi ovascul ar            | 0.0          | 65 & 0ver       | 100. 0  |                           |          |
| Transportati on                    | No   | Cerebrovascul ar            | 11. 1        |                 |         | RNs                       | 12. 4    |
| Referral Service                   | No   | Di abetes                   | 22. 2        | Sex             | %       | LPNs                      | 3. 5     |
| Other Services                     | No   | Respi ratory                | 0.0          |                 | j       | Nursing Assistants,       |          |
| Provi de Day Programming for       |      | Other Medical Conditions    | <b>55. 6</b> | Male            | 11. 1   | Aides, & Orderlies        | 32. 1    |
| Mentally Ill                       | No   |                             |              | Femal e         | 88. 9   |                           |          |
| Provi de Day Programmi ng for      |      |                             | 100.0        |                 | j       |                           |          |
| Developmentally Disabled           | No   |                             |              |                 | 100. 0  |                           |          |
| *************                      | **** | ,<br>************           | *****        | *******         | ******* | ********                  | *****    |

## Method of Reimbursement

|                     |      | edicare<br>itle 18 |                      |     | dicaid<br>tle 19 |                      |     | 0ther |                      |     | Pri vate<br>Pay | •                    |     | amily<br>Care |                      |     | anaged<br>Care | l                   |                          |       |
|---------------------|------|--------------------|----------------------|-----|------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|---------------------|--------------------------|-------|
| Level of Care       | No.  | %                  | Per<br>Di em<br>(\$) | No. | %                | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No. | %             | Per<br>Di em<br>(\$) | No. | %              | Per<br>Diem<br>(\$) | Total<br>Resi -<br>dents | 0f    |
| Int. Skilled Care   | 0    | 0. 0               | 0                    | 0   | 0. 0             | 0                    | 0   | 0. 0  | 0                    | 0   | 0. 0            | 0                    | 0   | 0. 0          | 0                    | 0   | 0. 0           | 0                   | 0                        | 0. 0  |
| Skilled Care        | 0    | 0.0                | 0                    | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Intermedi ate       |      |                    |                      | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 9   | 100.0           | 65                   | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 9                        | 100.0 |
| Limited Care        |      |                    |                      | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Personal Care       |      |                    |                      | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Residential Care    |      |                    |                      | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Dev. Di sabl ed     |      |                    |                      | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Traumatic Brain Inj | 0    | 0.0                | 0                    | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Ventilator-Depender | nt O | 0.0                | 0                    | 0   | 0.0              | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0           | 0                    | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Total               | 0    | 0.0                |                      | 0   | 0.0              |                      | 0   | 0.0   |                      | 9   | 100. 0          |                      | 0   | 0.0           |                      | 0   | 0.0            |                     | 9                        | 100.0 |

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ZIMMERMAN NURSING HOME

| Admissions, Discharges, and    |                      | Percent Distribution | of Residents' | Conditions, | Services, a     | and Activities as of 12/ | 31/01      |
|--------------------------------|----------------------|----------------------|---------------|-------------|-----------------|--------------------------|------------|
| Deaths During Reporting Period |                      |                      |               | % No.       | edi ng          |                          | Total      |
| Percent Admissions from:       |                      | Activities of        | %             |             | ance of         | % Totally                | Number of  |
| Private Home/No Home Health    | 20. 0                |                      |               |             | wo Staff        | 3                        | Resi dents |
|                                |                      | Daily Living (ADL)   | Independent   |             |                 | 1                        | Residents  |
| Private Home/With Home Health  | 20.0                 | Bathi ng             | 0.0           |             | 3. 9            | 11. 1                    | 9          |
| Other Nursing Homes            | 0.0                  | Dressing             | 33. 3         |             | 5. 6            | 11. 1                    | 9          |
| Acute Care Hospitals           | <b>40</b> . <b>0</b> | Transferring         | 44. 4         |             | 1. 4            | 11. 1                    | 9          |
| Psych. HospMR/DD Facilities    | 0.0                  | Toilet Use           | <b>55. 6</b>  |             | 3. 3            | 11. 1                    | 9          |
| Rehabilitation Hospitals       | 0.0                  | Eati ng              | 88. 9         |             | 0. 0            | 11. 1                    | 9          |
| Other Locations                | 20.0                 | ***************      | ******        | *****       | *********       | *********                | ********   |
| Total Number of Admissions     | 5                    | Conti nence          |               | % Spe       | ecial Treatme   | ents                     | %          |
| Percent Discharges To:         | ,                    | Indwelling Or Extern | al Catheter   | 0.0         | Receiving Res   | piratory Care            | 0.0        |
| Private Home/No Home Health    | 0.0                  | Occ/Freq. Incontinen |               | 33. 3       | Receiving Tra   | cheostomy Care           | 0.0        |
| Private Home/With Home Health  | <b>25.</b> 0         | Occ/Freq. Incontinen | t of Bowel    | 22. 2 I     | Recei vi ng Suc | ti oni ng                | 0. 0       |
| Other Nursing Homes            | 0.0                  | _                    |               | ]           | Receiving Ost   | omy Care                 | 0. 0       |
| Acute Care Hospitals           | 0.0                  | Mobility             |               |             | Recei vi ng Tub |                          | 0. 0       |
| Psych. HospMR/DD Facilities    | 0.0                  | Physically Restraine | d             |             |                 | hanically Altered Diets  | 11. 1      |
| Rehabilitation Hospitals       | 0.0                  | i i                  |               |             | Ü               | •                        |            |
| Other Locations                | 0.0                  | Skin Care            |               | 0t)         | ner Resident    | Characteri sti cs        |            |
| Deaths                         | 75. 0                | With Pressure Sores  |               | 0.0         | lave Advance    | Di recti ves             | 100. 0     |
| Total Number of Discharges     |                      | With Rashes          |               |             | di cati ons     |                          |            |
| (Including Deaths)             | 4                    |                      |               |             |                 | choactive Drugs          | 0. 0       |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: Under 50 Intermediate Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 66.7 82. 5 0.81 94. 9 0.70 66. 7 1.00 84. 6 0.79 Current Residents from In-County 88.9 74.3 1. 20 69. 9 1. 27 88. 9 1.00 77. 0 1. 15 Admissions from In-County, Still Residing 60.0 19.8 3.03 27.6 2.18 **60.** 0 1.00 20.8 2.88 Admissions/Average Daily Census 62.5 148. 2 0.42 84. 7 0.74 62. 5 1.00 128. 9 0.48 Discharges/Average Daily Census **50.0** 146.6 0.34 88. 0 0.57 50.0 1.00 130.0 0.38 Discharges To Private Residence/Average Daily Census 12.5 58. 2 0.21 16. 0 0.78 12. 5 1.00 52.8 0.24 Residents Receiving Skilled Care 0.0 92.6 0.00 73. 4 0.00 85. 3 0.00 Residents Aged 65 and Older 100 95. 1 1.05 91.6 1.09 100.0 1.00 87. 5 1. 14 Title 19 (Medicaid) Funded Residents 0.0 66. 0 0.00 50. 3 0.0 68. 7 0.00 0.00 Private Pay Funded Residents 22. 2 2.13 1.00 22.0 100 4. 51 46. 9 100.0 4. 54 Developmentally Disabled Residents 0.0 0.8 0.00 0.00 7. 6 0.00 0. 7 0.0 Mentally Ill Residents 11. 1 31.4 0.35 52. 4 0.21 11. 1 1.00 33. 8 0.33 General Medical Service Residents 55. 6 23.8 2.33 9.8 5. 67 19. 4 2.86 55. 6 1.00 49.3 Impaired ADL (Mean) 35.6 46. 9 51. 2 0.69 0.72 0.76 35. 6 1.00 Psychological Problems 0.0 47.2 0.00 55. 2 0.00 0.0 51. 9 0.00 Nursing Care Required (Mean) 2.8 2.8 7. 3 6. 7 0.42 6. 0 0.46 1.00 0.38